PATENT	APPLICATION	FEE DET	TERMIN	ATION	RECORD
		October			

Application or Docket Number
09852965

3476

BEST AVAILABLE COPY

		CLAIMS A	Column		(Colu	mn 2).	SMALL EI	YIIIY	OR	OTHER		
TOTAL CLAIMS		102			RATE	FEE		RATE	FEE			
FOR		NUMBER		NUMB	SÉR EXTRA	BASIC FEE	355.00	ЮR	Basic pre	The second second		
TOTAL CHARGEABLE CLAIMS			107 min	us 20=	10	24.87	X\$ 9=		OF	X\$1B=	1872	-157¥
INDEPENDENT CLAIMS			18 m	nus 3 😉	*	15	X40=		OR	X80=	1200	120
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270==	73	,
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	382	3476	
CLAIMS AS AMENDED - PART II									3	OTHER	,	7''
(Column 1) (Column 2) (Column 3).							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM	BER OUSLY:	PRESENT -	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 42	Minus	-10	7	- Q.	X\$ 9≖		OR	X\$18≠		
AME	Independent	. 9	Minus	***	8	.0	X40=		OR	X80⇒		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDER	CLAM		+135=		OR	+270=		
				,			ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	0.5	(Colui	mn 2)	(Column 3)	ADDII, FCC	a manipulari		ADOII. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1	Total	. 65	Minus	··· /C	1.7		X\$ 9=	·	OR:	X\$18⇒		
13	Independent	. 10	Minus	. ••• /	8	3	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+135=		OR	+270=		
	•				,	• • • •	YOTAL		ΔB	TOTAL	-	
		(Column 1)		(Colui	mn 2)	(Colúmn 3)	ADDIT. FEE		a	ADDIT. FEE	L-Chillen Co-se	
MENTC		CLAIMS. REMAINING AFTER AMENDMENT.		HIGH NUM PREVK PAID	iest Ber Ously	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
9	Total	•	Minus	**		е :	X\$ 9=		OR	X\$18 ∞	ï	
AMERI	Independent	•	Minus	489		•	X40=		ÓR	X80≈		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM-											· · · · · ·	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3,						+1350	da kapa mana a sant	OR	+270=			
If the entry in column 1 is less than the entry in column 2, write "I in column 3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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FORM PTO

U.S. GPO: 2000-450-702/30103